

State Form 46594 (R4 / 11-05) Approved by State Board of Accounts, 2001

Indiana Department of Education

Division of Professional Standards Room 229, State House Indianapolis, IN 46204-2798 Toll Free: 1-866-542-3672 FAX: (317) 232-9023 www.doe.state.in.us/dps

ACCOUNTING CONTROL
ransaction number
ransaction number
Date received (month, day, year)

The following fees should be submitted along with your materials:

- Evaluation for the Occupational Specialist I (\$35.00).
- Processing fee for Occupational Specialist I (\$35.00).
- Processing fee for Initial (first) Occupational Specialist II (\$35.00).
- Renewal of an Occupational Specialist I or II (\$35.00).

Our office accepts only certified checks or money orders. All personal checks will be returned. Do not send cash. All fees are non-refundable.						
	SECTIO	N A - VITAL INFORMAT	ION (P	lease print all info	ormation)	
Print name of applicant (last, first,	middle)					
Address (number and street, city, state, ZIP code)					Applicant t	elephone number)
Date (month, day, year)	te (month, day, year) Social Security number * E-mail address * This agency is requesting the disclosure of your Social Security Number in accowith IC 4-1-8-1(a), first paragraph, and with 42 USC 666(a)13. Disclosure is man this record cannot be processed without it.					th 42 USC 666(a)13. Disclosure is mandatory;
Name of employing school district	İ					
Address of employing school distr	ict (number and street, city	, state, ZIP code)				
School telephone number ()			Applic	cation for school year	beginning:	
Approved Indiana Department of I	Education course title		•			
		SECTION B - VERIFICA	ATION (OF EMPLOYMENT	Ī	
Indiana. Both the applicant an	nd the career and technic ed. If you are working	cal education director mus with the Department of C	t sign b	elow to verify that t	the individual is	chnical education school in the state of semployed. If this section is unsigned, hat you will be hired if approved for an
To my knowledge, the info	•	this application is true	and va	lid and the applic	ant is current	ly employed with the school district
Signature of applicant						Date
Signature of Career and Technical Education Director						Date
SECTION C - CRIMINAL HISTORY AND LOYALTY AFFIDAVIT (Applicants must answer questions 1, 2, & 3. Failure to do so will result in the return of the application.)						
Have you ever had a crede denied, revoked or suspendenied.			es	□ No		
2. Have you ever been convic	eted of a felony?	□ Ye	es	□ No		
Have you been convicted o traffic violations since Janu		n minor Ye	es	□ No		
If the answer is Yes to question 1, 2, or 3, attach a written explanation and provide the court records.						
I certify that the information a and belief.	nd documentation conta	ined in my application req	uired fo	r licensing in Indiar	na are true and	accurate to the best of my knowledge
I solemnly swear (or affirm) that I will support the Constitutions of the United States of America and the State of Indiana.						
Signature of applicant						Date signed (month, day, year)

SECTION D	- OCCUPATIONAL SPECIALIST I INITIAL

When submitting occupational experience, your letter(s) must contain all of the following:

Must be on company letterhead.

required.

- Must contain job duties and job titles.
- Must contain the total number of hours worked or the average number of hours worked per week.
- Must contain the starting and ending date of employment.
- Must be signed by the employer or his / her designee and include his / her telephone number.
- If you are self-employed, you must list the area of employment on all tax forms submitted.

Only work experience in the area requested on the license will be accepted.

actional Chaoialist I the yest most one of the following

Please check the box that represents the method you plan to use to qualify.	• .					
Requirement	Materials Needed					
6,000 clock hours (3 years) in the past five (5) years.	Verification of occupational experience (see Section D).					
4,000 clock hours (2 years) at any time and demonstration of competency by successful completion of Occupational Competency Test.	 Verification of occupational experience (see Section D). Occupational Competency Successful Completion Form (must be signed by Occupational Competency Test Coordinator). 					
☐ 4,000 clock hours at any time and evidence of occupational license.	 Verification of occupational experience (see Section D). Photocopy of occupational licenses / certificate (must be currently valid and must be an occupational license our office recognizes as acceptable). 					
4,000 clock hours at any time and completion of a 2-year (Associate's Degree) or higher. Major must be in the specific area requested on the license.	 Verification of occupational experience (see Section D). Official transcripts (must bear seal and signature of the Registrar). 					
4,000 clock hours at any time and completion of an apprenticeship or internship program.	 Verification of occupational experience (see Section D). Certificate of completion of apprenticeship or internship program recognized by our office as acceptable. 					
SECTION E - OCCUPATIONAL SPE	CIALIST II INITIAL (First OS II license)					
The Occupational Specialist II is a license that is valid for four (4) years. The h Specialist II when the university teacher trainer and Career and Technical Edu	older of the Occupational Specialist I can be recommended for the Occupational ucation Director submits all of the following:					
Requirement	Materials Needed					
• Verification of employment (Section B of the V-90A).	Current V-90A with Section A, B, C & F completed.					
Completion of 45-clock hour Teacher Seminar.	Signature below.					
Completion of Beginning Teacher Mentorship.	Signature below.					
A Professional Development Plan (PDP) for the next four years.	PDP (form provided by university teacher trainer)					
Basic Skills Test.	 Basic Skills Test Completion form (form provided by university teacher trainer). 					
Occupational Competency Test.	Occupational Competency Completion form (form provided by university teacher trainer)					
We hereby certify that the applicant has completed the requirements listed ab	ove.					
Signature of Career and Technical Education Director	Date					
Signature of University Teacher Trainer	Date					
SECTION F - TYPE (OF CERTIFICATE REQUESTED					
Please check the box indicating the license you are requesting.						
Initial Occupational Specialist Licenses						
	under a valid license, you may be eligible for the Occupational Specialist II Initial. Contact Section E. Make sure you document your teaching experience on school letterhead. All					
Occupational Specialist II Initial (first OS II license). Move to Section E.	Occupational Specialist II Initial (first OS II license). Move to Section E.					
Occupational Specialist III. Contact your area Career and Technical Education director or university teacher trainer for instructions.						
denewal of Occupational Specialist Licenses						
Occupational Specialist I Renewal. See your area Career and Technical Education director for instructions. This license may only be renewed one time.						
Uccupational Specialist II Renewal. A completed Professional Development Plan (PDP) for the previous four years and a PDP for the next four years are						